

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12926

FILED APR 14 1953

BIRTH NO. _____		REG. DIST. NO. 322		PRIMARY REG. DIST. NO. 3071		Registrar's No. 6	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Slater</u>		c. LENGTH OF STAY (in this place) <u>35 years</u>		c. CITY OR TOWN <u>Slater</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				e. STREET ADDRESS (If rural, give location) <u>131 North Main Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) _____		c. (Last) <u>Walsh</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March-28-1953</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Don't know</u>	
9. AGE (in years last birthday) <u>75</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 MRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>garment</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Don't know</u>		13b. MOTHER'S MAIDEN NAME <u>Don't know</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Dr. C. H. Honeywell</u> ADDRESS <u>Slater, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>made an investigation</u> 3-28, 1953 that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. L. Lawler M.D. Coroner Saline</u>		(Degree or title) <u>3</u>		23b. ADDRESS <u>Marshall Mo.</u>		23c. DATE SIGNED <u>3-30-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-1-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Slater City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Slater Mo</u>	
DATE REC'D BY LOCAL REG. <u>4/11/53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Earl C. May Jr</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Jones</u>		ADDRESS <u>Slater Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Andrican in it I heard he

0971

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3143

P. O. Address Slater

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.